



DIVISION OF CHILD CARE AND EARLY LEARNING  
**APPLICATION FOR CHILD CARE CENTER  
LICENSE OR CERTIFICATION**

**INSTRUCTIONS**

Make application to the Division of Child Care and Early Learning (DCCEL) of the Department of Social and Health Services (DSHS).

1. Enter the name of the applying agency as it appears in its articles of incorporation or the incorporated name of any applicant or the name of the sole proprietor/owner of the center.
2. Enter the address of the applying agency or owner (applicant). If a post office box is used, or if mail for branches is received at the parent organization, make a notation here.
3. Enter the telephone number where the applicant can be reached.
4. Enter the fax number of the applicant.
5. Enter the e-mail address of the applicant.
6. Check the box that identifies the type of organization.
7. Enter the name of the child care center.
8. Enter your Social Security Number (SSN) or your Employer Identification Number (EIN).
9. Enter the physical address of the center if different than line 2.
10. Enter the mailing address if different than line 9.
11. Enter the telephone number for the center.
12. Enter the fax number for the center.
13. Enter the e-mail address for the center, if any. DSHS/DCCEL is now communicating electronically with licensed facilities if an e-mail address is available.
14. Check location of center.
15. Enter the name of the local zoning, planning, or building code agency responsible for the area where center is located. We need this information to notify local zoning, planning, and building code agencies we have received your application. It is your responsibility to contact local authorities and to comply with local ordinances. **Do not complete this section on an application for relicensing.**
16. Give directions to the center from the nearest major thoroughfare.
17. Enter name and telephone number of person to contact at the center.
18. Number of children you wish to be licensed for and age ranges you prefer.
19. Check box if you have previously been licensed or certified. If you have, list by what name and where.
20. Check box if you are licensed in another area of the state and list location.
21. Check appropriate box. If "yes" is marked, attach an explanatory statement.
22. Check appropriate box. If "yes" is marked, attach an explanatory statement.
23. The chairman of the board signs the application if the agency is board sponsored; otherwise, by the agency owner, or area or district manager.

## INSTRUCTIONS (CONTINUED)

24. ATTACHMENTS: In addition to explanatory statements, if any items in numbers 21 or 22 were checked, DSHS requires you submit the documents listed in number 24 requested before an application can be considered complete.

**If this application is for a license renewal, you must provide the following items only if there has been a significant change making the documents originally submitted inaccurate or obsolete:**

Articles of incorporation	Forms used for client records and information
Personnel policies	Written information to parents
In-service training program	Floor plan
Program description	Documentation of educational requirements
Discipline statement	

25. TB tests are required of the licensee, employees, and volunteers. CPR training must be appropriate to the age group in care.

26 and 27. Sufficient information should be provided so that consideration of the estimated income and expenditures may be used to determine if the agency has the financial ability to comply with the minimum requirements.

28. A. (1) Enter name of executive director or owner. (2) CHARACTER REFERENCES: Note the name(s) of the person(s) charged with active management **(not needed for license renewal)**. List names, addresses, and telephone numbers of three persons who know applicant well and who can testify to the applicant's character and ability to provide care to other persons. Do not list more than one relative. DSHS may make additional inquiries as it deems necessary. References should be obtained for each of the applicants and the agency executive officer if they are charged with active agency management.

B. Enter name and other required information for director. Attach resume, including education.

C. Complete if program supervisor is different from director. Attach resume, including education.

29 and 30. List required information. If (a) or (b) is "Yes," attach explanatory statement.